



DONATION FORM

Name _____

Address _____

City _____ St _____ Zip _____

Email _____

Daytime Phone _____ Cell Phone _____

Would you like to receive our monthly e-mail newsletter? Yes No

This donation is in: honor of _____

memory of _____

Payment method Check VISA MC AMEX

Credit/Debit Card Number _____

Expiration Date _____ Billing Zip Code (if different from above) _____

CC2 Code (on back of card) _____

Name as it appears on card _____

Signature _____

Donation Amount _____

Please target my donation to: Eliminating Hunger HIV Prevention Substance Abuse

My employer will match this gift. Please contact me for further information.

If you would like to send an additional message with the donation, please write it below.

Please mail this form to:

HVCS

PR/RE Dept.

40 Saw Mill River Road

Hawthorne, NY 10532

Questions? Comments? Please contact us at

(914) 785-8326 or use our website's "Contact" feature:

www.hudsonvalleycs.org/contact